



Receipt #: _____
Amount Paid: \$ _____
Method of Payment: _____
Records Clerk: _____

PUBLIC RECORDS REQUEST

Date: _____

Name: _____

(PLEASE PRINT YOUR NAME)

Address: _____

Phone Number: () _____

Subject matter of information you are requesting: _____

Any requests shall be clear and concise and shall be directed toward only one subject matter.

Manner of Compliance:

- ☐ Personally Inspect
☐ Personal Copy
☐ Cause to be copied

Actual cost of compliance with my request, if granted, shall be paid by me in advance of the receipt of any information.

Manner of Delivery:

- ☐ By mail to the address above
☐ In person at your office

\$8.00	research time for locating or determining eligibility	\$0.25	per page (one side only)
\$50.00	For computer generated reports, per hour	\$25-\$35	for maps, depending on size
\$5.00	Per CD / DVD		

*For less than sixty (60) minutes, compilation must be made by multiplying the hourly rate times a fraction, the number of which will be the number of minutes expended, and the denominator of which will be sixty (60).
Payments can be made by check, money order, cash or credit card at respected office.*

I have read and understand the published statements entitled "Policy and Procedure – Mississippi Public Records Act of 1983" and I further understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing costs, if applicable. I understand the following to-wit:

Signature of requesting party: _____

Requests are directed to:

Records Clerk
P.O. Box S
Gulfport, MS 39502

Request granted by: _____

Records Clerk